From: Kaity Toon

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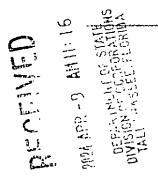
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Email Address: armando.gamboa@prudential.com



## Foreign Limited Liability Company PGIM DEERPATH PARTNERS, LEC

| Certificate of Status | 0       |
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

| PGIM Deerpath Partner  | s. LLC<br>I mited Liability Company; must include "Limite  | al Liability Ce  | mrkov ""L.L.C." or "L.C.")                       |                      |      |
|--|--|------------------|--|----------------------|------|
| , and the second | ,  | •                |  |                      |      |
| finante unaviolable, enter alternate n   | ame adopted for the purpose of transacting business in F   | londa. The alter | nate name must include "Lumited Liability Compar | w." 1. L.C. or "L.t. | .'') |
| Defaware   | nich toreign liained liabhlits company is organized;   |                  | 3-2335201 (P.I. number, d'applicable             |                      |      |
| (Jurisdiction under the law of w   | firsh to eign limited liability company is organized)  |                  | (Ph.) number, d'applicable                       | ?)                   |      |
| Upon filing  |  |                  |  |                      |      |
|  | (Date first transacted business in Horida, if poor to<br>(See sections 605 0904 & 605 0905, F.S. to determ | nuc penalty hab  | h)   |                      |      |
| 655 Broad Street   |  |                  | 5 Broad Street                                   |                      |      |
| reet Address of Principal Office)  |  | 0                | (Stailing Address)                               |                      |      |
| Newark   |  | N                | ewark  |                      |      |
| New Jersey, 07102  |  | No               | w Jersey, 07102                                  |                      |      |
| Name and street address  | s of Florida registered agent: (P.O. Box   | NOT acce         | eptable)   | . 70%                |      |
| Name:  | C T Corporation System   |                  |  | - Ady 1.707          |      |
| Office Address:  | 1200 South Pinc Island Road  |                  | _  |                      | •    |
|  | Plantation   |                  | 33324<br>, Florida                               | ነት ፡ካ የረ             | •    |
|  | (City)   |                  | (Zip code)                                       | •                    |      |

#### Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

| By: | CT Corporation System Michele Ramagna                                 |  |  |  |  |
|-----|---|--|--|--|--|
|     | (Registered agent's signature)  Alichele Lamagna, Assistant Secretary |  |  |  |  |

From: Kaity Toon

| 8.  | For initial | indexing purposes, | , list names, ti | itle or capacity a | ind addresses of | the primary | members/managers | or persons a | authorized to |
|-----|-------------|--------------------|------------------|--------------------|------------------|-------------|------------------|--------------|---------------|
| nai | rage (up to | o six (6) total]:  |                  |                    |                  |             |                  |              |               |

| Title or Capacity: |          | Name and Address: | Title or Capacit | <u> </u>    | Name and Address: |
|--------------------|----------|-------------------|------------------|-------------|-------------------|
| □Manager           | Name: _  | PGIM, Inc.        | □Manager         | Name:       |                   |
| <b>⊡</b> Member    |          | 655 Broad Street  | □Member          | Address:    |                   |
| □Authorized        |          | Newark            | □ Authorized     |             |                   |
| Person             |          | New Jersey, 07102 | Person           |             |                   |
| □Other             | ·····    | □ Other           | Other            |             | □Other            |
| □Manager           | Name:    |                   | ∏Manager         | Name:       | <del></del>       |
| □Member            | Address: |                   | □ Member         | Address:    |                   |
| □Authorized        |          |                   | Authorized       |             |                   |
| Person             |          |                   | Person           |             |                   |
| □Other             |          | _ Other           | Other            | <u></u>     | □Other            |
| □Manager           | Name:    |                   | □Manager         | Name:       |                   |
| □Member            | Address: |                   | □Member          | Address:    |                   |
| □Authorized        |          |                   | ☐ Authorized     | <del></del> |                   |
| Person             |          |                   | Person           | <del></del> |                   |
| Other              |          | Other             | - Other          |             | □Other            |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third legree felony as provided for in s.817.155, F.S.

|                                   | Armando M. Gamboa |  |  |  |
|-----------------------------------|-------------------|--|--|--|
| CEBEJACC4F72428.                  |                   |  |  |  |
| Signature of an authorized person |                   |  |  |  |

Armando M. Gamboa, VP & Assistant Secretary of PGIM, Inc. Its Member

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PGIM DEERPATH PARTNERS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/authy

Authentication: 203204393

Date: 04-08-24